POLICY COVER SHEET

(See Faculty Staff Handbook 1460 for instructions at UI policy website: www.webs.uidaho.edu/uipolicy)

[3/09]

Faculty/Staff Handbook [FSH] □ Addition □ Revision* □ Deletion* □ Emergency

Minor Amendment □

Chapter & Title: FSH 1640.XX- Faculty/Staff Policy Group


Minor Amendment □

Chapter & Title: ____________________________

All policies must be reviewed, approved and returned by a policy sponsor, with a cover sheet attached to apm@uidaho.edu or fsh@uidaho.edu respectively.

*Note: If revision/deletion request original document from apm@uidaho.edu or fsh@uidaho.edu, all changes must be made using “track changes.”

Originator(s):
(Please see FSH 1460 C)

Telephone & Email:

Policy Sponsor: (If different than originator.)

Telephone & Email:

Reviewed by General Counsel X Yes ___ No Name & Date: Kent E. Nelson 2/21/17

Staff Council approved Jan. 11th, edits approved.

Faculty Affairs approved, Brian Ellison Chair, bellison@uidaho.edu on Jan. 30, edit approved.

Committee on Committees approved. Feb. 8th.

I. Policy/Procedure Statement: Briefly explain the purpose/reason of proposed addition, revision, and/or deletion to the Faculty/Staff Handbook or the Administrative Procedures Manual.

A new senate committee to provide a better working communication between Staff Affairs and Faculty Affairs on mutually related policies that affect each, as well as provide a forum to work out last second compromises before a policy proceeds to Senate.

II. Fiscal Impact: What fiscal impact, if any, will this addition, revision, or deletion have?

None

III. Related Policies/Procedures: Describe other policies or procedures existing that are related or similar to this proposed change. FSH 1640.42 – Faculty Affairs

IV. Effective Date: This policy shall be effective on July 1, or January 1, whichever arrives first after final approval (see FSH 1460 D) unless otherwise specified in the policy.

If not a minor amendment forward to: ____ Staff Council Jan. 11 with edits________

Track # ____________

Date Rec.: _____________

Posted: t-sheet ______

h/c ___________

web___________

Register:  ______________

Policy Coordinator

Appr. & Date: [Office Use Only]

FSH

Appr. ________

FC ____________

GFM ____________

Pres./Prov. __________

[Office Use Only]

APM

F&A Appr.: ________

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